



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH Heidi Johnson Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		Multiple, see attached table		
Amount: (Contract/Amendment/Grant)	\$ Multiple, see attached table	Advantage CT / RQS #:	CTMV 10A 2023041800000000020	
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2024
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, see attached table		
Brief Description of Goods/Services/Grant:		Long Term Supported Employment		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Department's Office of Behavioral Health is responsible for delivery of services to persons with serious and persistent mental illness in the State of Maine. Some individuals with serious and persistent mental illness are able and encouraged to return to work or first become employed with appropriate employment/vocational related supports.

The Bates Consent Decree E. Paragraph 101 requires the Department to fund, develop, recruit, and support an array of vocational services. The Decree also states that these programs may include vocational counseling, employment preparation programs which focus upon the development of work-related skills, supported employment programs, transitional employment programs, competitive employment referral services, and other programs.

This service is driven by individual client choice: the clients that are being served by this provider will choose to work with this Provider.

This service represents a supported employment program and supports the Consent Decree Exit Strategy: Consent Decree Goal/Initiative: Improve Employability of Consumers and Assist Consumers in Obtaining/Maintaining Employment.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The service is willing and qualified. This provider must be licensed by the Department and certified by the Department of Labor Bureau of Vocational Rehabilitation as a Certified Rehabilitation Provider (CRP). This service is driven by individual client choice: the clients that are being served by this provider will choose to work with this Provider.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Long Term Supported Employment rate is aligned with 10-144 Ch. 101 MBM Ch. 3 § 21, T2019 Employment Specialist Services, set at \$40.00 per hour. LTSE is provided by agencies who are willing and qualified and is paid at a rate that is comparable to MaineCare services. OBH will consider putting this service to RFP should this circumstance change.

4. Describe the plan for future competition for the goods or services.

The Department does not plan to competitively procure these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

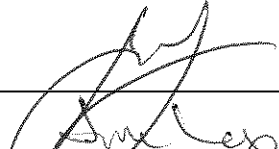

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 24-Aug-23
Signature of DAFS Procurement Official:	 Digitally signed by Kathy Paquette	
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 6/22/2023

DHHS Office:

OBH

Service:

Long Term Supported Employment-SFY24

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
GOODWILL IND OF NORTHERN NE	MH1-24-202	7/1/2023	6/30/2024	\$ 9,600.00
MAINEHEALTH	MH1-24-929	7/1/2023	6/30/2024	\$ 29,092.00
CAREER JOURNEYS	MH1-24-950	7/1/2023	6/30/2024	\$ 12,036.00
KENNEBEC BEHAVIORAL HEALTH	MH2-24-813	7/1/2023	6/30/2024	\$ 52,800.00
EMPOWERS: EMPLOYMENT OPTIONS LLC	MH2-24-922	7/1/2023	6/30/2024	\$ 3,840.00
PENOBSCOT COMMUNITY HEALTH CTR	MH3-24-540	7/1/2023	6/30/2024	\$ 9,242.00
SUSAN BRADLEY-DRYER	MH4-24-116	7/1/2023	6/30/2024	\$ 4,800.00
Maine Job Trust	MH4-24-232	7/1/2023	6/30/2024	\$ 4,800.00
Total Items	8		Total Projected	\$126,210.00